

WATER WELL RI ☐ Original Record ☐		W W C-5		0000		sion of Water			Wall ID		
		e in Well U				rces App. N		Torrmohim Numb	Well ID	naa Numban	
1 LOCATION OF WATER WELL: County:		Fraction		/ ₄ 1/ ₄	Section Number		ſ	Township Numb T S		Range Number R □ E □ W	
2 WELL OWNER: La		74 7		r Duro	1 Addragg	whore	_ ~				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:											
Address:										check here.	
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Donth(s) Groundwater Engountered: 1)					8,					
SECTION BOX:	SECTION BOX: ft or 4)										
N	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	 below land surface, 	y-yr)		□GI	PS (ui	nit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
WE	after hours pumping gp. Well water was ft.					Online Mapper:					
SW SE											
	Estimated Yield:			pumping gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to										
1 mile	in. to fi				Other						
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden										al	
☐ Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot Soil Vapor Ext					1	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected? ☐ Yes ☐ No											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,				,					
☐ Septic Tank	□ Lateral Line	s [Pit Privy		\Box L	ivestock Per	ıs	☐ Insection	cide Storage	e	
☐ Sewer Lines	Cess Pool		🛚 Sewage L			uel Storage			oned Water		
☐ Watertight Sewer Line			☐ Feedyard		☐ F	ertilizer Stor	age	☐ Oil We	ell/Gas Well	Į	
☐ Other (Specify)											
										IC DIFFERNAL C	
10 FROM TO	LITHOLOG	FIC LOG		FRO	M	TO	LITH	IO. LOG (cont.) or	PLUGGIN	GINTERVALS	
				Mata							
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction and	d was completed on (m	o-dav-ve	ar)	14. 11118	water and th	wen was <u> </u>	i con	isu ucieu, 🔛 1800 to the best of m	msu ucteu, v knowled	lge and helief	
Kansas Water Well Cont	ractor's License No		This W	ater Well	l Reco	rd was com	plete	ed on (mo-dav-v	ear)		
under the business name	of										
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
KS Department of Health an	a Environment, Bureau of V	vater, Geolo	gy Section, 1	1000 SW Ja	ekson S	t., Suite 420, 7	ı opek	a, Kansas 66612-136	ı/. Telephon	e /85-296-3565.	

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html